DOCKET NO.: END920030013US1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Lemmon et al.

Examiner: Healy, Brian

Scrial No.: 10/608,057

Art Unit: 2883

Filed: 6/27/2003

For: FIBER OPTIC ATTACHMENT METHOD, STRUCTURE, AND SYSTEM

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

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Request for Reconsideration

Sir:

2004.

This Request for reconsideration is in response to the Office Action mailed September 30,

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

		Effec	tive Janua		10-608-057								
CLAIMS AS FILED - PART I (Column 1) (Column 2)							-	SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			40				1	RATE	FEE	٦	RATE	FEE	1
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	 	1
TOTAL CHARGEABLE CLAIMS			40 minus 20=		. 20			X\$ 9=		OR			
INI	DEPENDENT C	LAIMS	3 minus 3 =		_	0		X42=		OR	X84=		,
Μl	JLTIPLE DEPE	NDENT CLAIM P	RESENT	· ·	-		I			1			ł
* 1	the difference	in column 1 is	less than z	ero, enter	"0" in (column 2	l	+140=		OR OR	+280=		
//12/2 CLAIMS AS AMENDED - PART II								TOTAL	L	UN	l	TUAN	1
<u> </u>	12/05	(Column 1)		(Colun			SMALL		ENTITY	OR	OTHER SMALL		
AMENDMENT A-		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Ş	Total	. 39	Minus	** 4	10_	=		X\$ 9=		OR	X\$18=		•
AME	Independent FIRST PRESE	* 4 ENTATION OF MI	Minus	PENDENT	3 CLAIM	= /	Į	X42=		OR	X8240	200	
_	-				-			+140=		OR	+280=		
							L	TOTAL				2 c D)	2
		(Column 1)		(Colum	an 2)	(Column 3)	A	DDIT. FEE		JON ,	TOTAL ADDIT. FEE	7 00 F	H
AMENOMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ST SER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus	**		=	١	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		a	t	X42=			X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR			
							L	+140=		OR	+280=		
							A	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE		
		(Column 1) CLAIMS		(Colum		(Column 3)	_			_			
AMENDMENT C	.	REMAINING AFTER AMENDMENT		NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	##		8	r	X\$ 9=		00	X\$18=		
	Independent	•	Minus	###		=	H	X42=		OR			
	FIRST PRESE	-	A46=		OR	X84=							
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE													
•	The "Highest Num	ber Previously Paid	For" (Total or	Independer	nt) is the	highest number	foun	d in the app	opriate box	in colu	ımn 1.		